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**\*BIBDATASHEET\*****CONFIRMATION NO. 7471**

Bib Data Sheet

SERIAL NUMBER 10783,008	FILING DATE 02/23/2004  RULE	CLASS 602	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. 12,574
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

None L

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

None L

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 05/14/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 2
Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Examiner's Signature _____ Initials _____					

**ADDRESS**

2675  
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**TITLE**

Reinforced wrist brace with gang connected multiple straps

FILING FEE  RECEIVED 394	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/>
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